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	in this information t												
	in this information totor 1	Catherine M											
	otor 2 buse, if filing)					_							
Uni	ted States Bankrup	tcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	A								
Cas	se number 19-	19-11897						Check if this is:					
(If kr	nown)			_			■ An	amende	d filing				
										g postpetition ollowing date:			
0	fficial Form	106I						1 / DD/ Y		one imig date.			
	chedule I:		ome				IVIIV	1,00,1			12/15		
spo atta	use. If you are sep ch a separate she	parated and you	are married and not fili ir spouse is not filing w On the top of any additi	ith you, do not inclu	ıde infori	mation	about y	our spo	use. If mo	ore space is	needed,		
1.	Fill in your empl information.	oyment	Debtor 1					Debtor 2	ling spouse				
	If you have more		Employment status	■ Employed			[☐ Employed					
	attach a separate information about		Employment status	☐ Not employed			[☐ Not employed					
	employers.		Occupation	Disabled									
	Include part-time, self-employed wo		Employer's name										
	Occupation may i or homemaker, if		Employer's address										
			How long employed t	here?				_					
Pai	t 2: Give De	tails About Mor	nthly Income										
	mate monthly incouse unless you are		ate you file this form. If	you have nothing to r	report for	any line	e, write \$	0 in the	space. Inc	clude your noi	n-filing		
	ou or your non-filing e space, attach a se		ore than one employer, co this form.	ombine the informatio	on for all e	mploye	ers for th	at perso	n on the lir	nes below. If y	you need		
						F	or Debte	or 1		otor 2 or ng spouse			
2.			ry, and commissions (b calculate what the month		2.	\$		0.00	\$	N/A			
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A			
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	0	0.00	\$	N/A			

Debt	tor 1	Catherine Marie Burke	_	C	Case number (if known)	19	9-11897		
					For Debtor 1	F	or Debtor	2 or	
					. Ji Dobloi i		non-filing spouse		
	Cop	by line 4 here	4.		\$ 0.00	\$,	N/A	_
_	Lict								
5.		all payroll deductions:	- -		Φ 0.00	ď			
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 0.00 \$ 0.00	- 9		N/A	_
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b 5c		\$ 0.00 \$ 0.00	- :		N/A N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$ 0.00	- '		N/A	_
	5e.	Insurance	5e		\$ 0.00	- '		N/A	_
	5f.	Domestic support obligations	5f.		\$ 0.00	- :		N/A	_
	5g.	Union dues	5g		\$ 0.00	_ `		N/A	_
	5h.	Other deductions. Specify:	_		\$ 0.00		<u> </u>	N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ 0.00	-		N/A	_
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 0.00	-		N/A	_
8.		all other income regularly received:				- '			_
0.	8a.	Net income from rental property and from operating a business,							
		profession, or farm							
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a	ı.	\$ 6,750.00	9	;	N/A	
	8b.	Interest and dividends	8b		\$ 0.00	_ `		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent				- '			_
		regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$ 0.00	9	•	NI/A	
	8d.	Unemployment compensation	8d		\$ 0.00 \$ 0.00			N/A N/A	_
	8e.	Social Security	8e		\$ 1,792.00			N/A	_
	8f.	Other government assistance that you regularly receive			- 1,7.02.00	- '		- 14,71	_
		Include cash assistance and the value (if known) of any non-cash assistance							
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0.00	9	;	N/A	
	8g.	Pension or retirement income	_ 8g		\$ 1,162.00			N/A	_
	8h.	Other monthly income. Specify:	8h		\$ 0.00	_	;	N/A	_
		· · · · ·	_	г	·-	- 1			- -
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	9,704.00	. \$;	N/A	A
			Г					1 -	
10.		•	10.	\$_	9,704.00 + \$		N/A	= \$ _	9,704.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						l L	
11.		te all other regular contributions to the expenses that you list in Schedule							
		ude contributions from an unmarried partner, members of your household, your	depe	ende	ents, your roommate	es, ai	nd		
		er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	availa	able	to pay expenses lis	sted i	n Schedul	a . <i>I</i>	
	Spe		avan	ub.0	to pay expended in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		+\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The res							
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies								9,704.00
	арр						12.	<u> </u>	
								Combi	ned ly income
13.	Do	you expect an increase or decrease within the year after you file this form	?					monun	iy iiicoiiie
		No.							
	П	Yes Explain:							

Fill	in this informa	ation to identify yo	our case:									
Fill in this information to identify your case: Debtor 1 Catherine Marie Burke Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA Case number 19-11897							Check if this is: An amended filing A supplement showing postpetition chapter 13 expenses as of the following date: MM / DD / YYYY					
	nown)	7 11007										
		orm 106J										
Be info	as complete ormation. If m		possible.	If two married people are ch another sheet to this t								
Par 1.	t 1: Desci	ribe Your House nt case?	hold									
	■ No. Go to	o line 2. es Debtor 2 live i	·	ate household? al Form 106J-2, <i>Expens</i> es	for Separate House	<i>hold</i> of Deb	otor 2.					
2.		e dependents?	■ No		,							
2.	Do not list D Debtor 2. Do not state	ebtor 1 and	and Yes. Fill out this information for each dependent			onship to 2	Dependent's age	Does dependent live with you?				
	dependents	names.						☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes				
3.	expenses o	penses include f people other t d your depende	han $_{f \Box}$	No Yes			_	☐ Yes				
Est	timate your ex	nate Your Ongoi expenses as of your a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i>	orm as a si J, check t	upplement in a Cha he box at the top o	apter 13 case to report of the form and fill in the				
the		h assistance an		government assistance if cluded it on <i>Schedule I:</i> Y			Your exp	enses				
4.	 The rental or home ownership expenses for your residence. Include first mortg payments and any rent for the ground or lot. 						\$	1,350.00				
	If not include	ded in line 4:										
	4b. Prope	estate taxes erty, homeowner's e maintenance, re		's insurance ipkeep expenses		4a. 4b. 4c.	\$	0.00 39.91 400.00				
5.	4d. Home	owner's associat	tion or cond		ne equity loans	4d. 5.	\$	0.00 2,400.00				

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Debtor 1 C	atherine Marie Burke	Case number (if known)	19-11897
6. Utilities			
	: ectricity, heat, natural gas	6a. \$	350.00
	ater, sewer, garbage collection	6b. \$	0.00
	elephone, cell phone, Internet, satellite, and cable services	6c. \$	
	ther. Specify:	6d. \$	566.00
	nd housekeeping supplies	6d. \$	0.00
		·	850.00
	re and children's education costs	8. \$	0.00
7	g, laundry, and dry cleaning	9. \$	150.00
	al care products and services	10. \$	230.00
	and dental expenses	11. \$	150.00
	ortation. Include gas, maintenance, bus or train fare.	12. \$	350.00
	nclude car payments.	13. \$	
	nment, clubs, recreation, newspapers, magazines, and books	· · · · · · · · · · · · · · · · · · ·	200.00
	ole contributions and religious donations	14. \$	0.00
5. Insuran			
	nclude insurance deducted from your pay or included in lines 4 or 20. fe insurance	15a. \$	328.00
	ealth insurance	15b. \$	0.00
	ealth insurance ehicle insurance	150. \$	
		· · · · · · · · · · · · · · · · · · ·	450.00
	ther insurance. Specify:	15d. \$	0.00
 Taxes. I Specify: 	Oo not include taxes deducted from your pay or included in lines 4 or 20.	16. \$	0.00
	ent or lease payments:		0.00
	ar payments for Vehicle 1	17a. \$	860.00
	ar payments for Vehicle 2	17b. \$	505.00
	ther. Specify: Gym membership	17c. \$	25.00
	ther. Specify:	176. \$	0.00
	yments of alimony, maintenance, and support that you did not report as	<u> </u>	0.00
	ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
	ayments you make to support others who do not live with you.	\$	0.00
Specify:		19.	
). Other re	eal property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Your Income.	
20a. M	ortgages on other property	20a. \$	0.00
20b. R	eal estate taxes	20b. \$	0.00
20c. Pr	operty, homeowner's, or renter's insurance	20c. \$	0.00
20d. M	aintenance, repair, and upkeep expenses	20d. \$	0.00
	omeowner's association or condominium dues	20e. \$	0.00
1. Other: S	Specify:	21. +\$	0.00
	· · -		0.00
	te your monthly expenses		
	d lines 4 through 21.	\$	9,203.91
22b. Co	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add	d line 22a and 22b. The result is your monthly expenses.	\$	9,203.91
0 (61	to very manthly not income		·
	te your monthly net income.	00- 4	0 704 00
	opy line 12 (your combined monthly income) from Schedule I.	23a. \$	9,704.00
23b. C	opy your monthly expenses from line 22c above.	23b\$	9,203.91
23° C'	Intract your monthly expenses from your monthly income		
	ubtract your monthly expenses from your monthly income. ne result is your <i>monthly net income</i> .	23c. \$	500.09
4 Do you	expect an increase or decrease in your expenses within the year after y	ou file this form?	
	ple, do you expect to finish paying for your car loan within the year or do you expect you		ease or decrease because of a
	on to the terms of your mortgage?		
■ No.	· · · · · · · · · · · · · · · · · · ·		
☐ Yes.	Explain here:		